

**Montana Preschool/Day Care  
CONDITIONAL ATTENDANCE FORM**

Montana School Immunization Law (MCA 20-5-402 through 410)  
School Immunization Rules, Revised June 11, 1993 (ARM 16.28.701 through 16.28.714)  
Day Care Center Rules, Revised March 31, 1995 (ARM 16.24.401 through 16.24.418)

**I. This section to be filled out by preschool/day care official.**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_

***I certify the above named child has received at least one or more doses of the required vaccine(s) and legally is eligible for conditional attendance at this time and will remain in a conditional attendance status for each of the required immunizations until they have reached 19 months of age AND have completed the preschool/day care immunization requirements.***

Signature (Preschool/Day Care Official): \_\_\_\_\_ Date: \_\_\_\_\_

**II. This section to be filled out by physician/health department official.**

Please enter the information related to the next vaccine dose(s) due, by vaccine type and date in the spaces below.

VACCINE TYPE(S) NEEDED

example: Polio, MMR, DTP, Hib

_____
_____
_____
_____
_____
_____

DOSES DUE/EXCLUSION DATE

10/20/90

_____
_____
_____
_____
_____
_____

***I certify that I have established an immunization schedule for the required vaccine(s) for the above named child.***

Signature (Health Official): \_\_\_\_\_ Date: \_\_\_\_\_

**III. This section to be signed by parent/guardian:**

***I understand that my child is allowed to attend preschool/day care on a conditional basis and agree to have my child vaccinated, meeting the above deadlines. I also understand that due to Montana Law and Administrative Rule my child will not be allowed to attend preschool/day care in Montana if I do not agree to this condition and provide the required documentation within the required deadlines.***

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Note: Use of Preschool/Day Care conditional attendance forms are necessary **only for children under 19 months of age and children who have not completed all of the required immunizations** (see table on back).

A child may be allowed to conditionally attend preschool/day care on the condition he/she has:

1. Received one or more doses of each of the required vaccine(s) and
2. Will continue to receive the remaining doses on the schedule set by a physician or health department in accordance with the preschool/day care requirements.

**The immunization schedule for completion of the required vaccinations is to be established by a physician or health department documenting each vaccine given including the vaccine type(s) and date(s). This is to be documented on this form and on the immunization record card. It is the parent/guardian's responsibility to ensure each vaccine deadline is met and provide documented proof to the preschool/day care.**

If a child conditionally attending preschool or day care fails to complete the immunization(s) within the time period indicated, he/she must either qualify for and claim an exemption or be immediately excluded from the preschool or day care by the administrator/director.

## INSTRUCTIONS

### I. PRESCHOOL/DAY CARE:

1. Prior to preschool or day care attendance, all children must have:
  - a) documentation of the required immunizations, or
  - b) an appropriate exemption.
2. Request documentation of the child's immunization status.
3. Transfer the child's immunization information to STATE OF MONTANA-CERTIFICATE OF IMMUNIZATION (HES 101).
4. Return the child's immunization record to the parent/guardian. It is the parent/guardian's responsibility to maintain the physician/health department provided immunization record (i.e. Official Montana Immunization Record).
5. Section I of this form (HES 103-A) needs to be completed by the preschool or day care official.
6. Have parent/guardian read and sign Section III of this form.
7. Give this form to the parent/guardian with instructions to have the immunization schedule established for the missing vaccine dose(s) and signed by the physician/health department official.
8. When this form is completed it is to be returned to the preschool/day care by the parent/guardian. This form is to be attached to the HES 101 and kept in the child's permanent record. The parent/guardian is to be provided with a copy of this form.
9. The HES 101 needs to be updated as the vaccine dose(s) are given in compliance with the established immunization schedule.
10. A child failing to complete the immunization(s) as scheduled:
  - a) must qualify for and claim an exemption, or
  - b) immediately be excluded by the preschool or day care administrator/director.

### II. PHYSICIAN/HEALTH DEPARTMENT:

1. The physician/health department will establish the immunization schedule for the missing vaccine dose(s) and enter the schedule in Section II on this form (HES 103-A). Vaccine type and date the dose(s) are due must be noted on this form AND on the Official Montana Immunization Record. After the immunization schedule has been established and signed by the physician/health department this form is to be returned to the preschool or day care by the parent/guardian.
2. It is the parent/guardian's responsibility to permanently retain the Official Montana Immunization Record. Each time the child receives an immunization the Official Montana Immunization Record is to be updated.

### III. PARENT/GUARDIAN:

1. It is the parent/guardian's responsibility to provide documentation of the child's immunization status to the preschool/day care.
2. If the parent/guardian does not have a personal copy of the wallet size Official Montana Immunization Card they should contact the physician/health department to obtain one. It is the parent/guardian's responsibility to permanently retain the child's immunization record card.
3. After Section I of this form has been completed by the preschool/day care official, please read and sign Section III.
4. Immunizations are available either from private physicians or public clinics. It is the parent/guardian's responsibility to contact the physician/health department for establishing the immunization schedule and/or receive the missing immunization(s). **Each time the child receives an immunization the immunization record card needs to be updated.**
5. When Section II of this form has been completed and signed by the physician/health department it is to be returned to the preschool/day care by the parent/guardian.
6. Obtain a copy of this completed form from the preschool/day care for ready reference and compliance with the established immunization schedule.
7. Each time the child receives the required vaccine(s) the parent/guardian is to bring the signed/stamped immunization record from the physician/health department to the preschool/day care for the record to be updated.
8. It is important to comply with the established immunization schedule to avoid any interruption in preschool/day care attendance, i.e., **possible exclusion**.

Age at Entry	Number Doses - Type Vaccine
under 2 months of age	no vaccinations required
by 3 months of age	1 dose Polio, 1 dose DTP, 1 dose Hib
by 5 months of age	2 doses Polio, 2 doses DTP, 2 doses Hib
by 7 months of age	2 doses Polio, 3 doses DTP, *2 or 3 doses Hib
by 16 months of age	2 doses Polio, 3 doses DTP, 1 dose MMR (administered at or after 12 months of age) *1 dose Hib given after 12 or 15 months of age
by 19 months of age	3 doses Polio, 4 doses DTP, 1 dose MMR (administered at or after 12 months of age) *1 dose Hib given after 12 or 15 months of age
	<b>*varies with the type of Hib vaccine used.</b>

**NOTE:** Questions regarding the use of this form should be directed to the local public clinic, local health department or the Montana Immunization Program (444-5580).